

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER 16-00312
DEFENDANT MARYBETH NADINE LOCKWOOD & BENJAMIN THOMAS WOOD		TYPE OF PROCESS HANDBILL <i>Posting</i>
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MARYBETH NADINE LOCKWOOD	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 4104 Trabert Court, Dover, PA 17315	
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285
KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

Please post premises by 7/1/2016

FILED
HARRISBURG, PA
NOV 01 2016
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Signature of Attorney or other Originator requesting service behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322	DATE 5/18/16
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted.)</i>	Total Process	District of Origin No. 67	District to Serve No. 67	Signature of Authorized USMS Deputy or Clerk <i>ae</i>	Date 5/18/16
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks" the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See Remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only, different than shown above)

Date 5/2/16	Time 1020 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Signature of U.S. Marshal or Deputy
MBA

Service Fee 65	Total Mileage Charges including uniform etc. 60m x .54	Forwarding Fee /	Total Charges 97.40	Advance Deposits	Amount owed to U.S. Marshal or (Amount of Refund) \$0.00 \$97.40
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REMARKS **1 DUSM x 1 hr + 60m**
\$65 + \$32.40**PRINT 5 COPIES**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12-30